

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020
Mailing Address 113 East Market St Suite 300		Amount 23274.00
City Leesburg	State VA	Zip Code 20176
Purpose of Expenditure Digital Media Production / Digital Media Placement	Category/ Type	Transaction ID : SE.23559 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2020
Name of Federal Candidate DAVIS, WENDY, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 355833.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020
Mailing Address 113 East Market St Suite 300		Amount 35952.00
City Leesburg	State VA	Zip Code 20176
Purpose of Expenditure SMS Messaging	Category/ Type	Transaction ID : SE.23560 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2020
Name of Federal Candidate DAVIS, WENDY, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 332559.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59226.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address PO Box 257		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">37252.62</div>	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23531
Purpose of Expenditure Phone Calls		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5683291.25</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address PO Box 257		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">37252.62</div>	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23532
Purpose of Expenditure Phone Calls		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate BIDEN, JOSEPH R JR., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5720543.87</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	►	74505.24
(b) SUBTOTAL of Unitemized Independent Expenditures	►	
(c) TOTAL Independent Expenditures.....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 49250.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23533		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		5584096.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 49250.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23534		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate BIDEN, JOSEPH R JR., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		5633346.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	98500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 3740.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing / Travel	Category/Type	Transaction ID : SE.23545 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020
Name of Federal Candidate TILLIS, THOM R. SEN., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 3740.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing / Travel	Category/Type	Transaction ID : SE.23546 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020
Name of Federal Candidate CUNNINGHAM, CAL., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7480.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 5 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">28</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1020.00</table>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23547		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">28</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>		
Name of Federal Candidate DAINES, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">81143.64</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">28</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1020.00</table>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23548		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">28</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>		
Name of Federal Candidate BULLOCK, STEVE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">82163.64</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">2040.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 /

 /

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 6 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Raleigh State NC Zip Code 27604	Transaction ID : SE.23549 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2020</div> </div>		
Purpose of Expenditure Canvassing / Travel	Category/Type	Name of Federal Candidate MCSALLY, MARTHA, , ,	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">491486.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Raleigh State NC Zip Code 27604	Transaction ID : SE.23550 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2020</div> </div>		
Purpose of Expenditure Canvassing / Travel	Category/Type	Name of Federal Candidate KELLY, MARK, , ,	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">496486.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,
[Electronically Filed]

Date

MM / DD / YYYY

10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 7 OF 15

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 3250.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23551
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate JAMES, JOHN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 3250.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23552
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate PETERS, GARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 8 OF 15

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 12240.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23553
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate CORNBYN, JOHN SEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 12240.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23554
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate HEGAR, MARY JENNINGS MJ, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24480.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 960.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23573		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate HUNT, WESLEY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		401886.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 960.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23574		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate FLETCHER, ELIZABETH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		402846.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1920.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	---

Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div> <div>2240.00</div> </div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23575 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2020</div> </div>
Purpose of Expenditure Canvassing / Travel		Category/ Type	
Name of Federal Candidate NEHLS, TROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <u>22</u> State: <u>TX</u>			
Calendar Year-To-Date Per Election for Office Sought		<div> <div>455541.06</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div> <div>2240.00</div> </div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23576 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2020</div> </div>
Purpose of Expenditure Canvassing / Travel		Category/ Type	
Name of Federal Candidate KULKARNI, SRI PRESTON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>457781.06</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 11 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 1120.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23577
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate DAVIS, WENDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 1120.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23578
Purpose of Expenditure Canvassing / Travel	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate ROY, CHIP, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2240.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 12 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 4000.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23579		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate VAN DUYN, ELIZABETH ANN, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		460331.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 4000.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.23580		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate VALENZUELA, CANDACE, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		464331.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 13 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3200.00</div>	
City Raleigh State NC Zip Code 27604	Transaction ID : SE.23581 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2020</div> </div>		
Purpose of Expenditure Canvassing / Travel	Category/Type	Name of Federal Candidate COLLINS, GENEVIEVE D, ,	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3200.00</div>	
City Raleigh State NC Zip Code 27604	Transaction ID : SE.23582 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2020</div> </div>		
Purpose of Expenditure Canvassing / Travel	Category/Type	Name of Federal Candidate ALLRED, COLIN, ,	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6400.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 14 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address PO Box 9625		Amount 228000.00	
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.23529
Purpose of Expenditure Digital Media Production / Digital Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Person 2 Person		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 2800 Shirlington Rd		Amount 12692.38	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.23530
Purpose of Expenditure SMS Messaging		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	240692.38
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 29 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Person 2 Person		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020
Mailing Address 2800 Shirlington Rd		Amount 439.57
City Arlington	State VA	Zip Code 22206
Purpose of Expenditure SMS Messaging	Category/ Type	Transaction ID : SE.23556 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2020
Name of Federal Candidate SCHUPP, JILL DARLYNE, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	439.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	546903.19

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2020

Signature